Iowa Department on AGING

2015 Interagency Dementia Proficient Workforce Task Force Final Report (Senate File 505, Section 73)

December 15, 2015

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Mandate

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During the 2015 legislative session, Iowa's General Assembly passed Senate File 505, which was subsequently signed into law by Governor Branstad. Section 73 of Senate File 505 mandates that the Department on Aging convene an interagency task force to review past recommendations for a dementia education standard curriculum model and recommend key components to achieve dementia proficiency across the current care continuum in Iowa.

Senate File 505 states as follows:

> Sec. 73. INTERAGENCY DEMENTIA PROFICIENT WORKFORCE TASK FORCE. The department on aging shall convene an interagency task force, in collaboration with the office of long-term care ombudsman, the office of substitute decision maker, the departments of public health, human services, and inspections and appeals, and the Alzheimer's association, to review the recommendations for a standard curriculum model for dementia education submitted by the Alzheimer's association dementia education task force to the department on aging in June 2010, in the Iowa dementia education project final report, and the curricula-related recommendations submitted by the direct care worker task force and the direct care worker advisory council; identify staff, in settings in which individuals with dementia may seek services and care, who should have some level of dementia proficiency and analyze gaps in existing training and educational requirements; and develop an implementation plan to transition toward competency-based dementia curricula and training that achieves dementia proficiency across a broader care continuum. To the greatest extent possible, the plan shall address training strategies for different settings, levels of skill, and licensure. The plan shall include a timeline for implementation, fiscal implications of recommendations, and identification of key decision points for the general assembly. The task force shall provide opportunities for stakeholder input from affected industry, education, professional, employee, and consumer organizations. The task force shall submit its recommendations to the governor and the general assembly no later than December 15, 2015.

Pursuant to this mandate, the Department on Aging convened a Task Force and gathered information and recommendations regarding dementia training and curriculum in Iowa. This Report reflects the work of the Task Force as collected by the Iowa Department on Aging.

A full listing of Task Force members can be found in Appendix A. Of special note are the positions of dissenting members of the Task Force: The Iowa Hospital Association opposes the recommendations of the Task Force within this Report. The Iowa Health Care Association opposes the expansion of dementia training and does not support the recommendations of the Task Force within this Report. The Iowa Health Care Association does recognize the growing challenge presented by increasing numbers of people requiring dementia care and generally supports efforts to raise awareness of caregiving issues and increase quality.

Prior Recommendations Reviewed

Many of the agencies and organizations that comprise this Task Force have worked for the past several years to address dementia education and training standards in Iowa. As referenced by Senate File 505, as many as four separate task forces or work groups have provided recommendations to the General Assembly on this matter in the past.

Prior Recommendations Reviewed

As directed, this Task Force reviewed the past and current recommendations and methods to address dementia proficiency in Iowa. A brief summary of these recommendations and methods can be found in the paragraphs that follow. Please consult Appendix B for detailed information regarding each recommendation and method reviewed, including comparative components.

- **2010 Iowa Dementia Education Project Final Report.** Based on recommendations from a Task Force created in 2007, Senate File 2341 was passed in 2008. This law mandated access to expanded and improved dementia training for a variety of individuals and professions working with individuals with Alzheimer's disease and related dementias (ADRDs). This law resulted in an implementation contract between the Iowa Department on Aging and the Alzheimer's Association.

  Pursuant to the contract, the Alzheimer's Association created the Dementia Education Task Force consisting of various stakeholders to develop a standard curriculum model to train direct care workers about ADRDs. The Task Force worked closely with representatives of the Direct Care Worker Advisory Council to coordinate activities, achieve common goals and make efficient use of limited resources.

  The 2010 task force made several recommendations regarding dementia education that can be found in the full report:
  https://www.iowaaging.gov/sites/files/aging/documents/2010_Final_report_with_appendixes.pdf

- **2012 Iowa Direct Care Worker Advisory Council Final Report.** In 2010, House File 2526 and in 2011, House File 649 mandated that the Direct Care Worker Advisory Council provide a report regarding Iowa's direct care workforce. A portion of the report provided recommendations for core education of direct care professionals, including specialty endorsements in the area of ADRDs.

  The 2012 recommendations of the Iowa Direct Care Worker Advisory Council and full report can be found at the Iowa Department of Public Health website:

https://idph.iowa.gov/Portals/1/Files/DirectCare/DCW%20March%202012%20Report%202012%202%2028%20hng.pdf

- **Alzheimer's Association Recommendations.** In 2015 the Alzheimer's Association conducted a literature review of evidence-based dementia training research, convened an internal workgroup of experts and contracted with Justice on Aging to review current state regulations and laws. This work resulted in evidence-based recommendations for dementia training for all states.

Additional Information Reviewed

In addition to prior recommendations, this Task Force reviewed other sources of information related to training and education in Iowa. The following are additional information resources that were utilized in discussing a dementia proficient workforce in Iowa:

Additional Information Reviewed

- **Current Laws and Regulations.** There are current laws and regulations that govern mandatory education for specific professions. These laws and regulations must be followed and impact the recommendations made by this Task Force. A full listing of current dementia training mandates can be found in Appendix C attached to this Report.

- **Pending Regulations.** The Task Force discussed pending federal regulations that may impact dementia training and the recommendations found in this Report. Proposed regulations in the Affordable Care Act, Section 6121, require dementia management training and patient abuse prevention training for skilled nursing facilities and nursing facilities. In addition, there are proposals to revise the Requirements for Participation (ROP) for skilled nursing and certified home care providers. These regulations are in the proposal phase, but may have an impact on dementia education and these recommendations.

- **Registered Apprenticeship Program.** Registered Apprenticeship offers employers the tools to develop a highly skilled workforce to help grow their workforce. For workers, Registered Apprenticeship offers opportunities to earn a salary while learning the skills necessary to succeed in high-demand careers. Registered Apprenticeship exemplifies high standards, instructional rigor and quality training. Registered Apprenticeship training is distinguished from other types of workplace training by several factors: (1) participants who are newly hired (or already employed) earn wages from employers during training; (2) programs must meet national standards for registration with the U.S. Department of Labor; (3) programs provide on-the-job learning and job-related technical instruction; (4) on-the-job learning is conducted in the work setting under the

direction of one or more of the employer's personnel; and 5) training results in an industry-recognized credential. This program is administered by the United States Department of Labor, Office of Apprenticeship.

Definitions

The following are definitions referenced in this Report. Please see the recommendations for a full explanation of each definition.

"Competency" means the combination of observable and measurable knowledge, skills, abilities, and personal attributes that contribute to enhanced performance.

"Direct care worker" means a staff member(s) whose work involves extensive contact or administrative decisions about the care of individuals with ADRDs. This definition includes administrators, registered nurses, LPNs, nurse practitioners, physician assistants, CNAs, nursing assistants, activities personnel, feeding assistants, social workers, dietary aides, occupational therapists, physical therapists, and speech therapists. This definition also includes individuals providing assistance pursuant to an order or the court and first responders.[1]

Definitions

"First Responder" means an individual(s) who has successfully completed the current United States Department of Transportation's first responder curriculum and department enhancements, has passed the Department of Public Health's approved written and practical examinations, and is currently certified by the Department of Public Health as a First Responder.[2]

"Proficient" means a high degree of competence or skill as demonstrated by performance indicators.

Recommendations

Upon reviewing all relevant information, the Task Force makes the final recommendations regarding dementia proficiency in Iowa:

Recommendations

1. Principle. The Task Force recommends that an overarching principle be established to guide the recommendations in this Report. The principle established by the Task Force is as follows: **Person-centered and community-based care to advance optimal functioning and highest quality of life for individuals with ADRDs.** This principle serves as the

[1] The definition of "direct care worker" is derived from the 2015 Alzheimer's Association recommendations.
[2] The definition of "first responder" is as defined pursuant to 641 Iowa Administrative Code 131.1.

foundation for the recommendations in this Report.

2. Who Should Receive Training. The Task Force recommends that the following individuals receive dementia education and training: All direct care workers in a facility or program in the State who are involved in the delivery of care to individuals with ADRDs.

It has been noted in past recommendations that there are certain categories of individuals or professionals who should complete dementia education and training. These Task Force recommendations are consistent with past recommendations and the 2015 Alzheimer's Association recommendations.

The Task Force recommends that direct care workers be defined as staff members whose work involves extensive contact or administrative decisions about the care of individuals with Alzheimer's or related dementias (reference the definitions section for a complete definition). This definition includes administrators, registered nurses, LPNs, nurse practitioners, physician assistants, CNAs, nursing assistants, activities personnel, feeding assistants, social workers, dietary aides, occupational therapists, physical therapists, and speech therapists.

The Task Force further recommends that the definition of direct care workers be expanded to include individuals providing assistance pursuant to an order of the court and first responders.

Some members of the Task Force felt that home care aide should be included in the definition of direct care worker.

3. Settings Requiring Dementia Education. The Task Force recommends that dementia education and training be required in any setting where a direct care worker provides care or protection to a person with ADRDs.

It has been noted in past recommendations that there are certain settings, in addition to categories of professions and individuals who may require dementia education. In past recommendations, settings have included skilled nursing facilities or adult day programs.

The Task Force has deviated from prior recommendations listing specific settings. This recommendation shifts the emphasis from the setting or location to the role of the individual providing assistance.

4. **Training and Curriculum Requirements. The Task Force recommends that the following components be part of any standardized training and education requirements to establish dementia proficiency:**

- **Dementia, including the progression of the disease, memory loss, and psychiatric and behavioral symptoms**
- **Strategies for person-centered care**
- **Communication**
- **Understanding and approaching behavioral symptoms, including alternatives to physical and chemical restraints**
- **Social needs and meaningful activities**
- **Care and safety (such as pain, food and fluid, and wandering)**
- **Ethics**

The Task Force agreed that the components listed above are the basic requirements needed to create a comprehensive dementia training and education program. These requirements are similar to those recommended by the Alzheimer's Association, with a singular addition. The Task Force felt it was important to add ethics to the categories of educational components.

The Task Force discussed adding training and education requirements in regards to sexual expression and intimate relationships. The group was unable to reach consensus in regards to adding this component to the education requirements. The Task Force dialogue in regards to this topic centered on the need to develop an understanding of the sexual expression and relationships of individuals with ADRDs. While some Task Force members felt the addition would be supplemental to the recommended education requirements, other members voiced concern that the issues of sexual expression and relationships are complicated and may not be adequately addressed as one piece of an overall curriculum.

5. **Method of Delivery. The Task Force recommends that a variety of methods be utilized to conduct competency-based dementia education and training.** These methods should be competency-based and include but should not be limited to formal lecture, observation, self-study, supervised practice, and online and audio-visual training.

The Task Force recommendation to consider a broad range of training mechanisms is consistent with all prior recommendations.

Some members of the Task Force expressed concern in regards to self-study and audio-visual training as a method of education and training. These members felt that self-study and audio-visual training should be guided to ensure comprehension.

6. **Initiation of Training.** **The Task Force recommends that a direct care worker, as identified by this Report, initiate a competency-based dementia education program within 30 days of employment unless the direct care worker can show evidence of prior completion of the education.** These recommendations should not be deemed to take priority over or otherwise impact the existing laws and regulations in Appendix C.

Some Task Force members indicated that a timeframe should be established for prior completion of the dementia education. It was suggested that the dementia education be completed within the last five years to demonstrate an adequate knowledge base.

7. **Continuing Education.** **The Task Force recommends that direct care workers maintain competency through annual supervisory review and by maintaining minimum training requirements mandated by state and federal laws and regulations.**

This recommendation deviates from prior recommendations that required annual and hourly continuing education. The Task Force discussion emphasized competency, as opposed to time-based requirements. Also important to this recommendation was the recognition that continuing education requirements should not contradict or supersede existing laws and regulations.

Some Task Force members felt that annual supervisory review may be difficult to obtain for some categories of direct care workers. For example, first responders and guardians or conservators do not always have direct supervisory review. To alleviate this concern, a suggestion was made that competency also may be maintained by utilizing a toll-free phone line for questions and accessing continued training opportunities, in addition to ongoing supervisory review.

8. **Instructor Qualifications.** **The Task Force recommends that instructors of the competency-based dementia training possess the following qualifications:**
    - **A demonstrated ability to teach adult learners; AND**
    - **Completion of a competency-based dementia training; OR**
    - **Experience with individuals with ADRDs.**

The Task Force discussion focused on the need for skilled adult learner instructors who have some experience with ADRDs through direct experience or education. The Task Force emphasized that experience with individuals with ADRDs need not be work-related but could also include direct experiences such as caring for a loved one with ADRDs.

Some members of the Task Force preferred that an instructor complete the competency-based training and have experience with individuals with ADRDs. The use of "and" or "or" in relation to the second and third bullets of this recommendation was a point of dissension among Task Force Members.

9. **Certification / Licensure. The Task Force recommends that a direct care worker receive a certificate of completion upon completing competency training.** The Task Force indicated that certificates of completion could come from a variety of sources and did not want to further limit or define the certificate of completion process.

   Some members of the Task Force preferred that a specific entity or agency be named to oversee the certification process and to distribute the certificates of completion to ensure standardization.

10. **Portability. The Task Force recommends that the certificate of completion be portable across all settings.** Senate File 505 emphasizes dementia proficiency across a broader care continuum. Portability of the certificate of completion that crosses all settings should be instrumental in achieving this emphasis.

    Some members of the Task Force preferred that a specific entity or agency be named to oversee the certification process and to distribute the certificates of completion to ensure standardization.

11. **Regulatory Function. The Task Force recommends that the role of a regulatory agency should be to approve training programs that meet the requirements for dementia education in the State.** The Task Force discussed the regulatory functions already encompassed within state agencies, as captured in Appendix C. Based upon these already existing functions, the Task Force believes that a state agency's charge under these recommendations should be limited to the approval of education programs.

    The Task Force did not make a recommendation regarding which state agency should serve this role. The Task Force recommends that the General Assembly determine which state agency would be most appropriate in this role based on specific language in any future and proposed legislative proposals.

Implementation Timelines

Pursuant to Senate File 505, the Task Force was asked to propose implementation timelines. The position of the Task Force is that implementation depends on the completion of actions

that lead to implementation. The following events would need to be accomplished to establish a foundation for implementation:

Implementation Timelines

- Passage of legislation. Legislation is necessary to determine which of these recommendations would be applicable and which agency or entity would be responsible for implementation.
- Promulgation of Administrative Rules. Following passage of legislation, it is recommended that administrative rules be adopted to provide the details of implementation of recommendations.
- Implementation begins. Implementation should be able to begin shortly after legislation is passed and administrative rules are adopted.

Fiscal Implications

The Task Force was unable to establish clear fiscal implications for recommendations as broad as those contained within this Report. The Task Force recommends that fiscal implications be developed based on any potential legislation based on these recommendations. The Task Force believes that a full fiscal implication should take into consideration, but not be limited to, the following factors:

- Costs associated with providing the training;
- Employee wages;
- Instructor training;
- Personnel and related costs at the regulatory agency;
- Software and online systems necessary to create online training components; and
- Costs to the employee or trainee, if not covered by the employer.

Iowa Health Care Association was able to capture estimates to implement the recommendations for expanded dementia training as it relates to all nursing facilities. These estimates relate only to nursing facilities and do not capture the fiscal impact of these recommendations beyond nursing facilities:

Wage cost for 8 hours per employee:	$4,017,262.83
Taxes and benefits:	$361,553.65
Total cost to nursing facilities:	**$4,378,816.48**

Average Cost Per Employee: $147.32

These fiscal projections are based on the following estimates:

- Estimated number of full-time employees: 17,912.7

- Estimated number of part-time employees: 11,810.6
- Total employees impacted: 29,723.3

The Task Force also discussed the potential negative impact from **NOT** requiring direct care workers to establish dementia proficiency. The dialogue focused on the increasing aging population in Iowa and the nation and the capabilities needed to meet the demand for qualified direct care workers.

Fiscal Implications

The U.S Census shows as of 2014 that 15.8% of Iowa's population is 65 years of age or older, compared to the 14.5% nationwide. According to the Alzheimer's Association, One in nine Iowans age 65 and older have or will develop Alzheimer's disease. The Alzheimer's Association further indicates that the number of Iowans with Alzheimer's disease is currently 63,000. This number is projected to grow to 73,000 by 2025.

Key Decision Points

Key Decision Points

The Task Force recommends that the following decision point be determined by the General Assembly in any legislation that may be proposed based on these recommendations:

- Determine which state agency, if any, should be responsible for approving dementia education curricula.

Appendix A

SF505 Interagency Dementia Proficient Workforce Task Force Members

Facilitated by: **Kimberly Murphy**, Policy Director, Iowa Department on Aging

With assistance from IDA Staff: **Linda Hildreth,** Continuous Improvement Director and **Danika Welsch,** Executive Secretary

Organization	Representative
AARP Iowa	**Kent Sovern,** State Director
Alzheimer's Association	**Carole Sipfle**, Executive Director **Linda Brown,** Program Director
Department on Aging	**DJ Swope,** Program Planner **Julie Bergeson,** Program Planner
Department of Education	**Pat Thieben,** Administrative Consultant, Bureau of Career and Technical Education, Division of Community Colleges **Zoe Thornton,** Education Consultant, Health Science Bureau of Career and Technical Education, Division of Community Colleges
Department of Human Services	**Le (Leann) Howland,** Program Manager
Department of Inspections & Appeals	**Mindla (Mindy) White,** Medicare/Medicaid Bureau Chief II
Department of Public Health	**Brenda Dobson,** Interim Director, Division of Health Promotion & Chronic Disease Prevention
Iowa Association of Area Agencies on Aging	**Joe Sample,** Executive Director, Heritage Area Agency on Aging
Iowa Association of Community Providers	**Megan Hartwig,** Technical Assistance Specialist
Iowa CareGivers Association	**Julie McMahon,** Consultant
***Iowa Health Care Association**	**Julie Adair,** Vice President, Workforce & Home Care Services **Mary Jane Carothers,** Vice President, Quality & Clinical Services **Bill Nutty,** Vice President, Regulatory & Government Affairs
Iowa Healthcare Collaborative	**Gloria Vermie,** Quality Advisor **Jeff McKinny,** SIM Program Manager
***Iowa Hospital Association**	**Jennifer Nutt,** Director, Nursing and Clinical Services
Iowa State University	**Jennifer Margrett,** Associate Professor, Department of Human Development and Family Studies; Director, Gerontology Program
LeadingAge Iowa	**Liz Davidson,** Director of Clinical Services
Office of Substitute Decision Maker	**Tyler Eason,** Director
Office of the Long Term Care Ombudsman	**Merea Bentrott,** Project Specialist
University of Iowa	**Mercedes Bern-Klug,** Associate Professor; Director, Aging Studies Program; Hartford Faculty Scholar
University of Northern Iowa	**Elaine Eshbaugh,** Associate Professor & Davis Professorship of Gerontology
US Department of Labor, Office of Apprenticeship	**Greer Sisson,** State Director

*Indicates that the Member does not support the recommendations within this Report.

Appendix B

Dementia Training Recommendations and Methods Reviewed

	Iowa Dementia Education Task Force Recommendations (2010)	Direct Care Worker Initiative Alzheimer's/Dementia Specialty Endorsement Recommendations (2012)	Alzheimer's Association national organization (2015)	Registered Apprenticeship
Key Staff	Direct care workers [1]	Direct care workers	All direct care workers in a facility or program in the State and who are involved in the delivery of care to people with Alzheimer's or related dementia.	Health care professionals and employers of health care professionals. State licensing. Related training providers.
Definition of Key Staff	Individuals who provide supportive services and care to people experiencing illnesses or disabilities, excluding nurses, case managers, and social workers.	Provides supportive services and care to people experiencing illnesses or disabilities, (for this project, an individual who is employed to aid and attend individuals with Alzheimer's and other forms of irreversible dementia) excluding nurses, case managers, and social workers.	Staff members whose work involves extensive contact or administrative decisions about care. Includes administrators, registered nurses, licensed practical nurses, nurse practitioners, physician assistants, certified nursing assistants, nursing assistants, activities personnel, feeding assistants, social workers, dietary aides, occupational therapists, physical therapists, and speech therapy staff.	Staff member who performs any combination of the following duties: Example (depending on occupation) • Care of residents/clients in nursing homes or other medical facilities under direction of nursing and medical staff. Responds to signal lights, or call system to determine resident/client needs. Assists with Activities of Daily Living (ADLs) as indicated by a plan of care utilizing adaptive equipment as indicated. Maintains respect and dignity in all aspects of care. Interacts with residents/clients and directs visitors, and answers telephone. Takes and records vital signs and food and fluid intake and output, as directed. • Delivers, cares for, and interacts with dementia and other cognitively impaired residents by incorporating skills to maintain individual dignity and well-being. Interacts with caregivers and residents and utilizes therapeutic communication and activities to maximize resident functions. Utilizes advanced knowledge of behaviors to implement interventions that minimizes adverse behavior. • Assist people in their own homes and other community settings with the activities of daily living (such as eating, dressing, bathing and toileting) and, usually under the direction of a licensed nurse, perform certain clinical healthcare tasks. They may also help with housekeeping, meal preparation, bill paying and other instrumental activities of daily living.

	Iowa Dementia Education Task Force Recommendations (2010)	Direct Care Worker Initiative Alzheimer's/Dementia Specialty Endorsement Recommendations (2012)	Alzheimer's Association national organization (2015)	Registered Apprenticeship
Setting		Across all settings	Skilled care facilities, intermediate care facilities, assisted living programs, residential care facilities, adult foster care, adult day, home health, in-home, hospice and other settings or programs	Skilled care facilities, assisted living programs, residential care facilities, adult foster care, adult day, home health, in-home, hospice and other settings
Principle		Person centered care based on a thorough knowledge of the person, their abilities and needs, advance optimal functioning, and highest quality of life. (*Prepare to Care*)	Person centered care based on a thorough knowledge of the person, their abilities and needs, advance optimal functioning, and highest quality of life.	Certified Skill Worker. Professional development of health care professionals. Registered Apprenticeship offers employers the tools to develop a highly skilled workforce to help grow their business. For workers, Registered Apprenticeship offers opportunities to earn a salary while learning the skills necessary to succeed in high-demand careers. Registered Apprenticeship exemplifies high standards, instructional rigor and quality training.
Training & Curriculum Requirements / Competencies	• Understanding Dementia • Communication • Person Centered/ Directed Care • Understanding Behavioral Symptoms • Unique Aspects of Daily Living • Meaningful Relationships and Social Engagement • Ethics of Caregiving • Understanding and Managing Stress	• Understanding Dementia • Communication • Person Centered/Directed Care • Understanding Behavioral Symptoms • Unique Aspects of Daily Living • Meaningful Relationships and Social Engagement • Ethics of Caregiving • Understanding and Managing Stress	• Dementia, including the progression of the disease, memory loss, and psychiatric and behavioral symptoms • Strategies for person-centered care • Communication • Understanding and approaching behavioral symptoms, including alternatives to physical and chemical restraints • Social needs and meaningful activities • Care and safety (i.e. pain, food and fluid and wandering)	Example (depending on occupation): • Uses nutritional interventions to enhance nutritional well being • Maintain a safe environment for cognitively impaired • Role of the Dementia Specialist with family caregivers and the health care team • Alzheimer's Disease and related dementias; stages, early signs, treatments, physical changes • Developing a therapeutic environment for the cognitively impaired client • Support and resources for family and caregivers • Psychoactive medications in dementias and cognitively impaired adults ***Capable of incorporating Prepare to Care or any other training the State wants trained***
Scope of Training			• Appropriate for the population served, including cultural competency • Introductory training and opportunities for continuing education • Ongoing onsite support, supervision and mentoring	• Skilled certification training • On the job learning and related training instruction • Career lattice approach • Interim credentials. Supervision and mentoring.

	Iowa Dementia Education Task Force Recommendations (2010)	Direct Care Worker Initiative Alzheimer's/Dementia Specialty Endorsement Recommendations (2012)	Alzheimer's Association national organization (2015)	Registered Apprenticeship
Method of Delivery	Training may be delivered in a variety of ways, including classroom instruction, audio-visuals, web-based, case study discussion, and other methods. A combination of methods is recommended.	Training may be delivered in a variety of ways, including classroom instruction, audio-visuals, web-based, case study discussion, and other methods. A combination of methods is recommended.	A variety of methods including but not limited to formal lecture, observation, self-study, supervised practice, online and audio-visual training.	Competency Based On the Job Learning and Related Training Instruction. On the Job Learning-Competency means the attainment of manual, mechanical or technical skills and knowledge, as specified by an occupational standard and demonstrated by an appropriate hands-on proficiency measurement. Related Training Instruction RTI -Coursework provides apprentices with the technical, workplace, and knowledge competencies that apply to the job. Related Instruction may be delivered in a classroom, through academic, vocational, career and technical education courses, and/or via web-based/online courses of equivalent value as approved by the Registration Agency.
Length of Initial Training	16 hours of training upon beginning of employment. The hours may be a combination of classroom and supervised interactive experience. The 16 hours must be completed within 30 days of initial employment.			Dependent upon occupation and certification obtained.
Continuing Education Requirements	Eight hours annually	Recommended two hours annually of continuing education that is specific to Alzheimer's and dementia		Not Required- but may earn numerous Certifications Example: • Geriatric (Level 3) • Restorative (Level 3) • Dementia (Level 3) • Medication Aide Specialty (Level 3) • Mentor (Level 4)
Instructor Qualifications	Minimum of two years experience providing care or services for individuals with dementia, professionally or otherwise. Instructors shall also have completed educational	Minimum of two years experience providing care or services for individuals with dementia, professionally or otherwise. Instructors shall also have completed educational coursework on learning or have	Minimum of two years work experience related to Alzheimer's disease or related dementias or in healthcare, gerontology or other related field. Instructors shall also have completed at least the minimum competency requirements or knowledge test required by the state.	All apprenticeship instructors shall meet the State Department of Education's requirements for vocational-technical instructor in the state of registration and/or be recognized as a subject matter expert. Also, instructors shall have course work about teaching techniques, how adults learn and learning styles.

	coursework on learning or have experience with teaching adults or supervising direct care workers.	experience with teaching adults or supervising direct care workers.		
	Iowa Dementia Education Task Force Recommendations (2010)	**Direct Care Worker Initiative Alzheimer's/Dementia Specialty Endorsement Recommendations (2012)**	**Alzheimer's Association national organization (2015)**	**Registered Apprenticeship**
Certification / Licensure	Direct care workers will receive a Certificate of Completion issued by the instructor upon completion of the curriculum.	Direct care workers will receive a Certificate of Completion issued by the instructor of approved curriculum.		Upon completion of a Registered Apprenticeship program, participants receive a nationally recognized credential and/or interim Certificates (as appropriate) that certifies occupational proficiency, In many cases; RA programs provide apprentices with the opportunity to simultaneously obtain secondary and post-secondary degrees.
Portability	The Certificate of Completion is valid in all settings in which dementia care is provided and is transferable from one employer to another.	The Certificate of Completion is valid in all settings in which dementia care is provided and is transferable from one employer to another.	Transferable to other employers if the employee does not have a lapse of dementia direct care employment for 24 consecutive months or more. The employee should be issued a certificate and maintain responsibility for ensuring access to the certificate.	Nationally recognized and portable in USA. Transferable to other employers. Issued by U.S. Department of Labor/Office of Apprenticeship signed by Secretary of Labor and employer.
Agency	Iowa Department of Public Health (IDPH) Bureau of Professional Licensure. Iowa Department on Aging (IDA)		State department of health or equivalent regulatory agency	U.S. Department of Labor/Office of Apprenticeship, Registered Apprenticeship Sponsor and if required: • Iowa Department of Public Health • Bureau of Professional Licensure • Iowa Department on Aging
Role of Regulatory Agency	Iowa Department of Public Health, Bureau of Professional Licensure, shall oversee the process of reviewing, evaluating and certifying curriculum and approving instructors.		Responsible for oversight of the provider's or program's dementia training as part of their regulatory responsibility, including: • Review of the training evaluation, including demonstration of knowledge gained and proficiencies • Observational assessment • Provide and promote	• Develop /Update the Registered Apprenticeship standards • Register apprenticeship programs that meet federal and state standards • Protect the safety and welfare of apprentices • Issue nationally-recognized and portable credentials to apprentices • Promote the development of new programs through marketing • Assure that all programs provide high quality training • Monitor the data base System (RAPIDS) • Provide technical assistance to program

	Iowa Department on Aging shall review dementia education competencies and essential skills every five years.		opportunities for enhanced training • Designate which online training program(s) meet the requirements for dementia training in the state, as well as the process by which in-person training will be determined to meet the requirements	Sponsors

Notes:

The 2010 contract limited the scope of the project to direct care workers. The final recommendations, however, included the following:

> Although it is outside the scope of the project, the task force recommends that supervisors, administrators, nurses, case managers, social workers and other licensed professionals should also be competent in providing quality dementia care and services. The task force believes that these groups should also be required to receive training prior to employment and on an annual basis.

Appendix C

Existing Applicable Laws and Regulations

Current LTSS Dementia training requirements

Federal Certified Nursing Aides (CNAs)

§483.75(e)(8) CNAs reviewed annually. Annual in service: 12 hours annual. "For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired."

Iowa Nursing/Skilled Nursing Facilities

481-58.54(6) All staff working in a CCDI unit: 6 hours training within 30 days of employ.

Annual in service 6 hours for: licensed nurses, certified aides, certified medication aides, social services personnel, housekeeping and activity personnel.

Iowa DIA inspectors

481—58.57(1) Continuing education: 12 hours of in gerontology, wound care, *dementia*, falls, or a combination of these subjects.

Iowa Assisted Living Programs

481—69.30(1) All personnel employed by or contracting with a dementia-specific program: 8 hours within 30 days of employ or contract beginning date.

Annual in service: all staff 2 hours; direct care staff 8 hours.

Iowa Adult Day Services

481—70.30 All personnel employed by or contracting with a dementia-specific program: 8 hours within 30 days of employ or contract beginning date.

Annual in service: all staff 2 hours; direct care staff 8 hours.

Same requirements as assisted living programs

Iowa RCF

481—57.6(5) All staff in a memory care unit: 6 hours within 30 days.

Annual in service 6 hours for: nursing staff, certified medication aides, medication managers, social services personnel, housekeeping and activity personnel.